BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

#0- P0/98/U5/

. CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			116				RA		FEE] 	RATE	FEE
FOR			NUMBER F	NUMBER FILED		NUMBER EXTRA		C FEE		OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			⊬∫minus 20=		. 25		X\$	9=	295.	Ø Ø OR	X\$18=	
INDEPENDENT CLAIMS			9 minus 3 =		6	6		0=	2400	8R	X80=	
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT					35=		OR	+270=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				TO	TAL	52000	છે _R	TOTAL	
	С	LAIMS AS A	MENDED - PART II				SMALL ENTITY				OTHER THAN OR SMALL ENTITY	
		(Column 1)			mn 2)	(Column 3)	SM	ALL	ENIIIY	OR .	SMALL	ENITIT
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	
	Independent	* ENTATION OF M	Minus	***	T CLAIM	=	X4	0=		OR	X80=	
	FINST PRESE	INTATION OF IM	OLTIFLE DEF	CNDEN	I CLAIIVI		+13	35=		OR	+270=	
							T ADDIT	OTAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	ımn 2)	(Column 3)	ADDIT	. FEE			ADDIT. I EE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUN PREV	HEST MBER IOUSLY FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**		=	X\$	9=		OR	X\$18=	
	Independent	*	Minus	***		=	X4	0=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							\			.070	
							+13	S5= OTAL		OR	+270= TOTAL	
							ADDIT			OR	ADDIT. FEE	
		(Column 1)			ımn 2)	(Column 3)	r.		•			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER IOUSLY) FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	
	Independent	*	Minus	***		=	X4	0=		OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										1070	
* 1	f the entry in colu	mn 1 is less than t	he entry in colu	mn 2. writ	te "0" in co	lumn 3.	+13			OR	+270=	<u> </u>
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								OTAL FEE		OR	TOTAL ADDIT. FEE	L
		nber Previously Pa					r found in	the ap	propriate bo	x in co	lumn 1.	